

**The Agreement concerns:**

Entering into an agreement for the use of the IA System as an international affiliate or group company of a company with an insurance plan from AFA Trygghetsförsäkringsaktiebolag.

Please write clearly in BLOCK CAPITALS)

**International affiliate or group company**

No. employees		Company reg. no.	
Company name		Country	
Name of the company holding an insurance plan from AFA Trygghetsförsäkringsaktiebolag		Company reg. no.	

<b>Senior administrator</b>	Name	Phone (incl. area code)
	Email	

**Signature of authorised signatory for International affiliate or Group Company**

This Access Agreement comprises this "Access Agreement" form, General Terms and Conditions for the IA System (Appendix 1), Personal Data Processor Agreement (Appendix 2) and IA System Security (Appendix 3). By signing this Access Agreement, the International affiliate or group company agrees to comply with all terms and conditions. The International affiliate or group company confirms that this access agreement is only valid as long as the company signing this agreement is an affiliate or part of the group of the company holding the insurance plan with AFA Trygghetsförsäkringsaktiebolag.

The International affiliate or group company further confirms that the above individual has been assigned the authority to use the IA System on behalf of the International affiliate or group company.

**I hereby request access to the IA System for the International affiliate or group company. I confirm that I have read, understood and, on behalf of the International affiliate or group company, accept the terms and conditions of the Access Agreement and its appendices.**

City and date

Signature of authorised signatory/representative

Name in block letters	Position
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**The Access Agreement should be sent to AFA Försäkring, SE-106 27 Stockholm, Sweden**